



CONSENT AND RELEASE OF INFORMATION AUTHORIZATION

(A separate form must be completed for each household member who is age 18 or older.)

I, the undersigned hereby acknowledge, consent and authorize the Gun Lake Tribal Member Benefit Department ("TMB Department") to take any and all action necessary to obtain information about me or my household that is pertinent to eligibility for participation in housing assistance programs. Said acknowledgment, consent, and authorization shall be valid for release of information to the T M B Department by any and all agencies, entities, or person(s) possessing information necessary to process TMB Department eligibility determinations for housing assistance or to update Department files during any period of receipt of housing assistance.

This acknowledgment, consent, and authorization for release of information to the Department includes, but is not limited to, information or records regarding rental history including personal references, financial and credit reports, private, public benefit, or tribal information, criminal activity reports to include requests from the National Crime Information Center and other law enforcement agencies, employment verification, medical or child care expenses, household composition, or handicapped assistance expenses.

By signing this Consent and Release of Information Authorization ("Authorization"), I acknowledge and agree that this Authorization may be photocopied and used for receiving the information described herein, for as long as I remain a recipient of housing assistance, or am eligible to reside in a Tribally-Owned Dwelling Unit or benefit from the receipt of any housing assistance within a household for which I am a resident, including any period of recertification. For applicants seeking housing assistance, this Authorization shall be valid for a period of one year. I also acknowledge and agree that during any term or residency in Tribally-Owned Dwelling Unit upon a finding of probable cause by the Department Director that a crime has been committed by an individual residing within any Tribally-Owned Dwelling Unit a criminal background check may be performed.

I further acknowledge and agree that information received by the Department may be shared interdepartmentally in order to fulfill the requirements related to that housing assistance program under which I receive a benefit, either directly or indirectly. For example, this sharing of information may include, but is not limited to, criminal background checks being shared with the Education Director and Health & Human Services Staff for determining how services will be provided.

For purposes of this Authorization, probable cause shall mean facts or evidence that would make a reasonable person believe that a crime or wrong doing has been, is being, or will be committed in violation of Department policies, rules or regulations.

If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Name (Last, First, Middle)	
List any other names used (<i>including maiden names</i>)	
Social Security Number	DOB (mm/dd/yyyy)
Signature	